



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT <b>STATEMENT OF DUTIES</b>	POLICY NO. <b>403.4</b>	EFFECTIVE DATE <b>10/1/89</b>	PAGE <b>1 of 2</b>
APPROVED BY: <b>Original signed by:</b> <b>ROBERTO QUIROZ</b> Director	SUPERSEDES <b>N/A</b>	ORIGINAL ISSUE DATE <b>10/01/89</b>	DISTRIBUTION LEVEL(S) <b>1</b>

### PURPOSE

- 1.1 To provide format guidelines for the preparation of a position Duty Statement.

### POLICY

- 2.1 Format guidelines provided in this policy are to be followed whenever a Duty Statement is required.
- 2.2 Duty Statements are required when:
- 2.2.1 A new position is being requested.
  - 2.2.2 A position is transferred from one budget unit to another.
  - 2.2.3 The duties and responsibilities of an existing position or classification significantly change.

### PROCEDURE

- 3.1 Complete Form #PW19 (Attachment I) as follows:
- 3.1.1 Indicate by means of a check or "x" whether the position is new, transferred, or a reclassification.
  - 3.1.2 Indicate the number of positions covered by the Statement of Duties. Only one classification title may be included on a statement.
  - 3.1.3 "Title Requested:" Indicate County classification title.
  - 3.1.4 "Division Name:" Indicate the division where the position will be budgeted.
  - 3.1.5 "DMH Cost Center:" Indicate the five digit cost center to which the position will be budgeted/assigned.
  - 3.1.6 "Duties Station Assignment:" Provide general description of proposed duties.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: <b>STATEMENT OF DUTIES</b>	POLICY NO. <b>403.4</b>	EFFECTIVE DATE <b>10/1/89</b>	PAGE <b>2 of 2</b>
--	----------------------------	-------------------------------------	-----------------------

- 3.1.7 "Title of Immediate Supervisor:" Indicate the budgeted title of the requested position's immediate supervisor.
- 3.1.8 "Proposed Duties:" Narrative of specific job duties performed.
- 3.1.9 "Justification:" Provide a succinct rationale for the position.
- 3.1.10 Provide name, signature, title, and telephone number of requestor.
- 3.1.11 Provide date of request.

### **AUTHORITY**

Department of Mental Health Policy

### **ATTACHMENT**

Form #PW19

REQUEST NO. \_\_\_\_\_

STATEMENT OF DUTIES

NEW    ☐                      TRANSFERRED    ☐                      RECLASSIFICATION    ☐                      POSITION

DEPARTMENT OF MENTAL HEALTH

No. of Positions:	Classification Title Requested:
_____	_____

Organization Assignment (Complete through the applicable level):

- 1. Division Name: \_\_\_\_\_
- 2. DMH Cost Center: \_\_\_\_\_
- 3. Duties Station Assignment: \_\_\_\_\_
- 4. Title of Immediate Supervisor \_\_\_\_\_

Proposed Duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor's Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_